01/29/2008 TUE	18:33 FAX	PART	r B - FEE(S) TRA	NSMITTAL		2 002
Complete spd send	this form, togeth				FEE r Patents	
JAN 29 7008			or For	Alexandria, Virg (571)-273-2885	inia 22313-1450	•
INSTRUCTIONS This for a populate All further cor indicated the maintenance ice notification	respondence including selow or directed other	or transmitting the light patent, advancerwise in Block 1, b	SSUE FEE and PUBLI	CATION FEE (if requ	ired). Blocks I through 5 soll be mailed to the current; and/or (b) indicating a sep	should be completed when correspondence address a sarate "FEE ADDRESS" for
CURRENT CORRESPONDENCE 34055 75	E ADDRESS (Note: Use 816		ns)	Fee(s) Transmittal, The papers. Each addition:	mailing can only be used for its certificate cannot be used it paper, such as an assignment of mailing or transmission.	for any other accompanying
PERKINS COIE POST OFFICE BO SEATTLE, WA 98	X 1208			I hereby certify that the States Postal Service addressed to the Mar	rtificate of Mailing or Transhis Fee(s) Transmittal is being with sufficient postage for finite Stop ISSUE FEE address TO (571) 273-2885, on the design of the second seco	g deposited with the United st class mail in an envelope above, or being facsimile
				Rena Iov		(Περαμίψες ιωνικ
						(Signature)
				January 2	9, 2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/604,380	07/15/2003		Yang Shu		41941.8002.US00	1379
			•		MATRIX THEROFTHER	FOF
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID ISSU	E FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	YES	\$720	\$0	\$700 Adjust	-3720 \$20 ment date: 01/30/2008	
EXAMINI	ER	ART UNIT	CLASS-SUBCLAS	ss 01709/	2007 EHAILE2	27 502586 10604380
NOVOSAD; CHRI	STOPHER J	3641	H11-199000	01 FC:	2501 700.00 CF	(
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of or agents OR, alto registered attorned 2 registered pater	single firm (having as a by or agent) and the name of attorneys or agents, If	PERK. a member a 2 nes of up to	s J. Zhu INS COIE LLP
Number is required.			listed, no name w	rill be printed.	·	
(A) NAME OF ASSIGN		fied below, no assign letion of this form is	nee data will appear on NOT a substitute for film (B) RESIDENCE: (36 502586 10604380
Please check the appropriate	assignee category or	categories (will not b	e printed on the patent);	O Individual 🖽 C	orporation or other private gi	roup entity DISovernmen
4a. The following fee(s) are XX Issue Fee Publication Fee (No s Advance Order - # of	mail entity discount po	ermitted)	A check is enclo	osed. dit card, Form PTO-2033	ny previously paid issue fed. B is attached. rge the required fee(s), any der _50-2586_ (enclose)	
5. Change in Entity Status in Applicant claims Sl				- ····	er <u>50-2586</u> (enclose: LL ENTITY starus, See 37 (
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if requered so the United State	ired) will not be acce es Potent and Traden		than the applicant; a reg	istered attorney or agent; or t	the assignee or other party i
Authorized Signature				Date Ja	nuary 29, 2008	
Typed or printed name	James J. Zh	U		Registration 1	No. 52,396	
This collection of information an application. Confidentialist the completed as	on is required by 37 CI	FR 1.311, The inform U.S.C122 and 37 C	nation is required to obtain FR 1.14. This collection		the public which is to file (ar	nd by the USPTO to processing gathering, preparing, an

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Perkins

1620 26th Street, Sboth Floor

PHONE 310.788.9900

www.perkinscole.com

FAX: 310.788.3399

Santa Monica, CA 90404-4013

FACSIMILE COVER SHEET

CONFIDENTIAL AND PRIVILEGED

If there are any problems with this transmission, please call: Rcna Iov (310) 788-3284

DATE: January 29, 2008 COVER SHEET & PAGE(S)

CLIENT NUMBER: 41941.8002.US00

RETURN TO: (NAME) Rena lov (Ext.) 3284 (ROOM NO.) 600

ORIGINAL DOCUMENT(S) WILL BE: SENT TO YOU HELD IN OUR FILES

SENDER:	TELEPHONE:	FACSIMILE:
Rena lov	(310) 788-3284	(310) 843-1274

RECIPIENT:	COMPANY:	TELEPHONE:	FACSIMILE:
Mail Stop Issue Fee	Commissioner for Patents		(571) 273-2885

RE: ATTACHED IS THE ISSUE FEE TRANSMITTAL FOR USSN 10/604,380

This Fax contains confidential, privileged information intended only for the intended addressee. Do not read, copy or disseminate it unless you are the intended addressee. If you have received this Fax in error, please email it back to the sender at perkinscoic.com and delete it from your system or call us (collect) immediately at 310.788.9900, and mail the original Fax to Perkins Coic LLP, 1620 26th Street, Sixth Floor, Santa Monica, CA 90404-4013.